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(Commissioner for Patents	Date O7 / lb / O4 OS Mo. Day ON 451.1
	P.O. Box 1450 Alexandria, VA 22313-1450	Application No. 1806
	Sir: Kindly acknowledge receipt of the accompanying	ich 30,0004 (
	Response to Official Action. (claims fee)	,
FCH	Check for \$	10
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	☐ Claim for priority and certified copies of ☐ Issue fee transmittal and Check for \$ ☐ Other (specify)	- 5
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